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10/627902 AD6883USNA

Response to Final Office Action Terminal Disclaimer Declaration of Joel Citron and Lab Pages Fee Transmittal

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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/627902 FEE TRANSMITTAL Filing Date July 25, 2003 For FY 2008 ROGER MOONS First Named Inventor. Examiner Name Drew E. Becker Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1794 **TOTAL AMOUNT OF PAYMENT** 130.00 Attorney Docket No. AD6883USNA METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order J None Other (please identify); Deposit Account Deposit Account Number: 04-1928 Deposit Account Name: E. I. du Pont de Nemours and Company For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) <u>Fee (\$)</u> Fee (\$) <u>Fee (\$)</u> Fees Paid (\$) Fee. (\$) Utility 310 155 510 210 255 105 0.00 Design 210 0.00 105 100 50 130 65 Plant 210 0.00 105 310 155 160 80 Reissue 310 0.00 155 510 620 255 310 **Provisional** 210 0.00 105 0 0 0 2. EXCESS CLAIM FEES Small Entity <u>Fee Description</u> <u>Fec (\$)</u> <u>Fee (\$)</u> Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissucs) 210 105 Multiple dependent claims 370 185 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims -20 of HP = 50.00 = Fee (\$) Fee Pald (\$) HP = highest number of total claims paid for. If greater than 20. YES 370.00 Fee (\$) Fee Paid (5) -3 or HP = 210.00 HP = highest number of Independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 Total Sheets Fee Pald (\$) Fee (\$) - 100 = (round up to a whole number) x 260,00 0.00 <u>4. OTHER FEE(S)</u> Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Terminal Disclaimer 130.00 SUBMITTED BY Registration No. Signature 30,396 (302) 992-2394 (Attorney/Agent) Name (Print/Type) ARNE R. JARNHOLM Date

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